

Application Data Sheet

Application Information

Application number::

Filing Date:: June 2, 2006

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: GLYCOPEGYLATED FOLLICLE STIMULATING
HORMONE

Attorney Docket Number:: 40853-5146US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 22

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Shawn
Middle Name::
Family Name:: DeFrees
Name Suffix::
City of Residence:: North Wales
State or Province of Residence:: PA
Country of Residence:: US
Street of Mailing Address:: 126 Filly Drive
City of Mailing Address:: North Wales
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 19454

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: J.
Family Name:: Bayer
Name Suffix::
City of Residence:: San Diego
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 6105 Dirac Street
City of Mailing Address:: San Diego
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 92122

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Caryn
Middle Name::
Family Name:: Bowe
Name Suffix::
City of Residence:: Doylestown
State or Province of Residence:: PA
Country of Residence:: US
Street of Mailing Address:: 276 Cherry Lane
City of Mailing Address:: Doylestown
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 19044

Correspondence Information

Correspondence Customer Number:: 43850

Representative Information

Representative Customer Number:: 43850

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Phase of	PCT/US2004/040709	12/03/04
PCT/US2004/040709	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/623,387	10/29/04
PCT/US2004/040709	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/614,518	09/29/04
PCT/US2004/040709	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/592,744	07/29/04
PCT/US2004/040709	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/539,387	01/26/04
PCT/US2004/040709	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/527,082	12/03/03

Foreign Priority Information

Country::	Application number::	Filing Date::
WO	PCT/US2004/040709	12/03/04

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::